

THERAPY SERVICES TECHNICAL ADVISORY COMMITTEE

**Public Health Building
Distance Learning Center Room A
275 East Main Street
Frankfort, Kentucky
March 7, 2017
8:30 a.m.**

The meeting of the Therapy Services Technical Advisory Committee (TAC) was called to order by Beth Ennis, Chair.

The TAC members in attendance: Beth Ennis, Charlie Workman, Linda Derosssett (video conferencing), Bethany Berry (video conferencing), Leslie Sizemore (video conferencing) and Jeff Holbrook (telephonically).

Medicaid staff in attendance: Stephanie Bates (telephonically), Charles Douglass (telephonically) and Jessica Jackson.

Others in attendance: Kathleen Ryan (telephonically) Anthem; Mary Hieatt, Humana-CareSource; Lori Kent (telephonically), Passport; Pat Russell, WellCare; Laura Crowder and Cathy LaPointe, Aetna Better Health; Pam Marshall (telephonically), Marshall Pediatric Therapy; Marsha Herron (telephonically) The Kid Spot Center.

REVIEW AND APPROVAL OF JANUARY 17, 2017 MEETING MINUTES:

A quorum was present for the meeting. There were no changes or corrections made to the minutes. Dr. Ennis will forward them to the Medicaid Advisory Council (MAC).

OLD BUSINESS:

- (1) Any updates on Waiver transition times? The Home- and Community-Based Waiver Program was implemented in September, 2016. Dr. Ennis noted that a provider letter dated February 1st went out stating that the SCL Waiver would be implemented on March 1, 2017, and she will forward a copy of the letter to the TAC members. Ms. Bates stated that the Michelle P. Waiver will be implemented sometime later in 2017, but she will speak with someone in the Division of Community Alternatives to get a formal update on the waivers and will forward that on to Dr. Ennis for distribution. Ms. Marshall discussed problems she has encountered with the provider directory. Dr. Ennis asked Ms. Marshall to send her the link of the page she was searching and she will look into it.
- (2) Feedback from TAC members on pre-cert issues: Ms. Marshall discussed an issue with Aetna. She stated that they cannot get a PA for the treatment for the first evaluation visit because the MCO says that they have to submit it prior to, but she noted that there is no documentation to submit. Then, when the documentation is submitted after the visit, they cannot get the PA. Ms. Crowder stated that a provider has to have the request in within 24 hours. Ms. Marshall will email Ms. Crowder to further discuss this issue.

Mr. Workman spoke of two Aetna issues. He stated that in one case, only two visits were approved for six months for perinatal depression and torticollis. Ms. Crowder stated she would have to see the clinical documentation, and Mr. Workman will forward that to her. Another issue concerned Aetna's appeals process. Mr. Workman stated that Aetna's written versus phone information was conflicting. The written states that a verbal or in writing can be submitted no later than 30 days after receiving the denial. If verbal, the provider has to follow up in writing within 10 days and a specific form must be used. When Consumer Services was called, Aetna stated there is no such form. Ms. Crowder asked that this be forwarded to her and she will look into it.

Ms. Bates stated that all five of the plans were to submit updated appeals and grievance policies because there were inconsistencies found upon review. So, there should be some changes in that process and the MCOs will have to go by the regulation. Ms. Bates will send Dr. Ennis a copy of the regulation.

- (3) Cabinet response on use of new evaluation codes? Mr. Douglass stated that the new evaluation codes are in place. Dr. Ennis asked if providers who have submitted them over the last two months would have to resubmit them again because providers were told they would automatically be reprocessed once the codes went into effect. Mr. Douglass will check with HP to clarify. Dr. Ennis asked the MCOs what their policies were. With Aetna and Wellcare, providers should not have to resubmit. Passport, Humana-CareSource and Anthem will have to check and report back to the TAC.
- (4) Provider numbers from MCOs/usage numbers from last meeting: Dr. Ennis asked if the MCOs could provide these numbers for January 1, 2017 forward with breakdowns statewide, as well as regional if available. Ms. Jackson will include this request when asking for reports from the MCOs.
- (5) Telehealth regulation? Ms. Bates stated that no action has taken place yet on the actual regulation but she expects this to move forward beginning in April. Internal meetings have occurred and DMS is participating in

a grant that the Department of Public Health received for technical assistance.

NEW BUSINESS:

- (1) CFY rules? Mr. Douglass stated that currently with the way the regulation is written, the CF would have to be billed underneath the supervising SLP with a modifier in order to get paid and they have to be in a multi-therapy group. He noted the fee schedule is out on the Web.
- (2) Any possibility of eliminating the differential? Is it even being billed? Dr. Ennis asked if there was a way to look at what kind of money is being spent on this because she did not feel this was being used that often outside of home health pediatrics. She noted that for behavioral health, the associate level has evaluative capability and can practice with distant supervision from the clinician. The PT and OT assistant cannot work without the therapist. Ms. Bates stated that the TAC may want to make a recommendation to the MAC.
- (3) Other new business from TAC members: Ms. Marshall asked what a provider's recourse is when the MCO system continues to deny for an authorization when the provider has a current authorization but there is no communication with the third party that is managing the PA's. Ms. Bates stated that these need to be forwarded to DMS for review.
- (4) Same-day signature regulation: The documentation regulation is 907 KAR 8:040, Section 3(3). Dr. Ennis asked if this issue should be taken to the MAC and Mr. Douglass stated that it should be a recommendation made to the MAC.

RECOMMENDATIONS TO MAC: The elimination of the differential, the same-day signature regulation and the CFY issue are three recommendations that will be taken to the MAC.

PUBLIC COMMENT: There were no public comments.

The meeting was adjourned. The next meeting will be May 2, 2017, in the Distance Learning Center Room A, Public Health Building.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 14th day of March, 2017.)